



## It Pays to Care – Key Messages Australia

### What

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) are leading the call to improve the health and recovery outcomes for people who experience a work injury.

The AFOEM have developed two complementary documents which focus on work injury management:

1. **An evidence-informed document** which presents the evidence regarding psychosocial factors as barriers to return to work and the evidence about how these barriers can be addressed. This paper describes ways to improve scheme delivery in the four central work injury domains: leadership and regulation, case management, the workplace and healthcare.
2. **A values and principles paper** which describes healthy insurance schemes and sets out why “it pays to care”.

### How

Extensive consultation has led to the development of these documents including 74 external individuals and organisations:

- All Australian and Aotearoa New Zealand regulators and public insurers.
- 16 medical colleges and associations.
- 11 peak state-based and NZ union organisations.
- 4 rehabilitation associations.
- 12 researchers and research groups.
- The Actuaries Institute.

### Why

Most people (70–80%) return to work after a work injury with minimal difficulty, and usually without any long-term consequences. The remainder find themselves in a more challenging situation. They may have extended time off work, frequently more than is medically necessary, poor health and recovery outcomes, and some may never return to work.

When an injury or medical condition occurs in a compensable setting, the chance of a poor health outcome is significantly higher than for same condition in a non-compensable setting. Work absence and long term disability rates are higher.

Being out of work long term is associated with poorer physical and psychological health, and this is more likely in compensable settings.

There is a need to reduce work disability and to ensure work injury systems are fit-for-purpose.

The evidence indicates improvements will come through:

- Systematically capturing psychosocial information for individual claims, with proactive management of biopsychosocial risks
- Ensuring that scheme cultures, systems and processes do not create unnecessary barriers to recovery
- Scheme operations that are based on values and principles of fairness, including collaboration, timeliness, trust and reciprocity, personalised and respectful communication, and empowerment of stakeholders.

## In a nutshell

*It Pays to Care* is a drive to promote national discussion about core elements of fair and efficient workers compensation schemes.

## The principles of healthy injury insurance schemes

**Leadership.** Policymakers promote positive psychosocial influences on claims at the level of legislation, standards, culture, scheme oversight, and delivery and dispute systems.

**Collaboration.** Outcomes are improved when there is integration and collaboration between healthcare, workplace accommodation and case management.

**Fairness.** Workers who perceive they have been dealt with fairly have better health outcomes and are less likely to be long term work disabled.

**Health of workers is the priority.** Treatment is evidence-based. Workers have access to appropriate, timely, high quality care. Workers have reliable information about the pros and cons of treatment options. Self-management is fostered. Workers are encouraged to take primary responsibility for their health.

**Active and responsive management of individual cases.** Case management is procedurally fair, timely, proactive and supportive. Evidence informed case management is associated with higher levels of worker perceived fairness / justice, reduced work disability, less distress and less secondary mental ill-health.

**Effective communication.** Communications approaches have a measurable impact on recovery and RTW. Case management systems underpinned by positive communication between stakeholders improve RTW outcomes and reduce costs.

**Long term thinking.** Longer term objectives enable broader and deeper thinking and a focus on evidence informed practice. Long term approaches foster skill and career development within the industry and a cycle of continuous improvement.

## **Health care in compensation settings should feature:**

Both medical practitioners and injured workers find the current approach to health care within workers' compensation problematic. There is clear evidence for the need to address biopsychosocial care in workers' compensation systems.

Key elements include:

- Recognition of the importance of treating the whole person, using a biopsychosocial model that addresses the person's medical condition and associated modifiable influences.
- Evidence-informed medical care (high value health care) that empowers the person with the health condition.
- Incentives for high value care.  
Better training for health professionals.
- Treatment for work injury that is collaborative. Time lost from work is significantly reduced by interventions that involve integration between two of the three domains of healthcare, workplace accommodation and case management but not by healthcare interventions in isolation.

## **Case management settings:**

Workers who report positive interactions with their case manager have higher rates of return to work, quicker recovery, and report better health.

Effective case management that promotes recovery and return to work includes:

- Case management that is procedurally fair, timely, proactive and supportive.
- Well-trained and adequately resourced case managers.
- Case management systems that take a systematic approach to early identification of the needs and risks of workers, and address those needs through targeted support.
- Systems that support case manager effectiveness, including staff selection, training and mentorship, appropriate caseloads and career path options.
- Transparent reporting of case management systems, including turnover rates, case managers' perceptions of their effectiveness, caseloads and costs.

## **The role of the workplace:**

Workers who consider their employer's response to injury to be fair and constructive are considerably more likely to return to work than those who don't.

Improving workplace management of work injuries offers significant opportunities to enhance worker wellbeing and workplace productivity.

Key figures involved in workplace injury management are the injured worker, their supervisor, the RTW coordinator, and – through their influence on workplace culture and priority setting – senior management.

- A positive psychosocial workplace environment is associated with earlier return to work.
- Low stress encounters with RTW Coordinators are associated with improved return to work. RTW coordinators want and need more comprehensive training and skill development
- Senior managers who receive reports about injuries and work injury management are more engaged and influential in this space
- Supervisors in high-claim industries want comprehensive training programs that cover the knowledge, skills and behaviours which support return to work
- Supervisors who receive such training are more confident in managing work injury and have less work disability within their team

### **The policy framework:**

Regulators and insurers influence the culture, attitudes and behaviour of work injury schemes via their approaches, communication styles, and policies and procedures.

Policy settings and approaches can improve collaboration and cooperation by enhancing workforce skills and scheme interactions. When all players work towards a shared goal, return to work is more likely.

Methods to encourage positive behaviours, trust and cooperation include:

- Stated principles and expectations of standards of service such as being fair, treating others with respect, and being reasonable, efficient, proactive, responsive, transparent and accountable;
- Measuring claimants' experiences, including factors that influence recovery and rtw;
- Measuring scheme culture and levels of trust between participants;
- Transparent sharing of scheme data;
- An explicit focus on engagement, via an explicit stakeholder strategy, outreach, conferences or meetings that bring different scheme participants together; and
- Avoidance of unnecessary delays, particularly with initial claim notifications, and unnecessary disputes.

We call on policymakers to recognise the importance of trust and cooperation in work injury schemes. We support active endeavours to improve levels of fairness, trust and collaboration.